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INFO	RMATION	DISCLOSI	JRE		Complete if Known	
STATEMENT BY APPLICANT				Application Number	10/517,904	
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(6	ise as many she	ets as necessary)				
Sheet	1	of	1	Attorney Docket No: FM-10-US		

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Examiner initial *	Cite No	Document Number	Publication Date	Name of Patentee or Applicant of Cited Document	Filing Date If Appropriate	

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Examiner Initials*	Cite No 1	include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
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/Sheridan Macauley/ DATE CONSIDERED 02/26/2009